

2004 KELSO BRIDGE MARKET APPLICATION

Membership dues \$20.00



Producer's Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other: _____

Business Phone: _____ Fax: _____

Describe location of farm or business: _____

List all crops or items (describe) and acreage: Source of ingredients (e.g. grow yourself, purchase from wholesaler, purchase from other farmer) please be specific with all ingredients

New Artisan Include photo of your work:

Dates you request a booth (start to end):

May 2__ May 9__ May 16__ May 23__ May 30__

June 6__ June 13__ June 20__ June 27__

July 4__ July 11__ July 18__ July 25__

Aug 1__ Aug 8__ Aug 15__ Aug 22__ Aug 29__

Sept 5__ Sept 12__ Sept 19__ Sept 26__

List family members, or employees who may sell for you: _____

First day you wish to sell: _____ Last day you wish to sell: _____

Size of vehicle and canopy: _____ Amount of frontage feet you want: _____

Other markets where you sell products: _____

List any state, county or city licenses or permits you carry (and provide copies to market):

Need a copy of your WA State UBI # _____

I agree to abide by the Rules of the Kelso Bridge Market as well as all laws, codes and regulations, to cooperate with market management, and to honestly pay the required stall fees. I agree to indemnify and hold harmless the Kelso Bridge Market Association and the City of Kelso and any of their officers, employees, representatives, directors, or agents from and against all liability, claims, suits, damages, levies, costs, losses and fees, including attorney fees arising out of or related to my activities with the Kelso Bridge Market

Signature: _____ **Date:** _____

BRIDGE MARKET USE ONLY:

Date Rec'd: _____ By: _____

CK. NO: _____ AMT: _____

Date Approved: _____

KELSO BRIDGE MARKET

PO Box 397

Kelso, WA 98626

(360) 957-2515